2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2008
Secretary of State

DOCUMENT# L06000010944

Entity Name: S2 INSTITUTE ORLANDO, LLC

Current Principal Place of Business:

1261 S. MISSOURI AVENUE
CLEARWATER, FL 33756 US

New Principal Place of Business:

1064 SR 436
CASSELBERRY, FL 32707 US

Current Mailing Address:

1261 S. MISSOURI AVENUE
CLEARWATER, FL 33756 US

New Mailing Address:

FEI Number: 26-0701124 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWOPE, SCOTT P J.D.
2450 SUNSET POINT ROAD
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: THE SAFETY & INTELLI, GENCE INSTITUT E , INC.
Address: 1261 S. MISSOURI AVENUE
City-St-Zip: CLEARWATER, FL 33756 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: SCHOEPF, WILLIAM R
Address: 1261 S. MISSOURI AVE.
City-St-Zip: CLEARWATER, FL 33756 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WILLIAM R. SCHOEPF MGR 01/09/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date